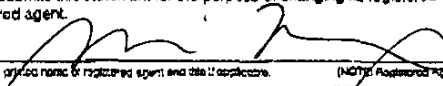
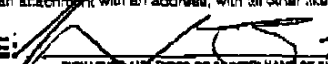
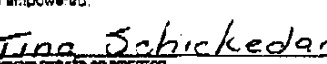


FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90025 022 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000083437			
1. Entity Name TINA SCHICKEDANZ CORPORATION			
Principal Place of Business 7741 N. MILITARY TRAIL STE 1 WEST PALM BEACH, FL 33410		Mailing Address 7741 N. MILITARY TRAIL STE 1 WEST PALM BEACH, FL 33410	
2. Principal Place of Business - No P.O. Box # 7712 Country Line Road		3. Mailing Address 7712 Country Line Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Odessa FL		City & State Odessa FL	
Zip 33556	Country USA	Zip 33556	Country USA
4. FEI Number 65-1088211		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHICKEDANZ, W.K. 7741 N. MILITARY TRAIL WEST PALM BEACH, FL 33410		7. Name and Address of New Registered Agent Name Susi Flaig Street Address (P.O. Box Number is Not Acceptable) 7712 Country Line Road City Odessa FL Zip Code 33556	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE April 9/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Section Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHICKEDANZ, TINA R.R.#1, SCHOMBER ONTARIO, CANADA L0G 1T0, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DATE April 9/07 416-223-0710		SIGNATURE:  DATE April 9/07 416-223-0710	